

REFERENCES

Provide three additional work-related references who are not related to you.			
1.	Name	Occupation	Years Known
	Organization Name		Daytime Phone
2.	Name	Occupation	Years Known
	Organization Name		Daytime Phone
3.	Name	Occupation	Years Known
	Organization Name		Daytime Phone

CERTIFICATION AND RELEASE OF INFORMATION WAIVER

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application disqualifies me from further consideration.

I authorize DUCHESNE COUNTY to investigate all statements contained in this application and understand that I may be required to provide verification (diploma, license, transcripts, etc.) of information contained in this application. I understand that the COUNTY may perform a criminal history background check and drug screen as necessary for the sole purpose of assisting the qualified person to make employment or promotion decisions about me.

I understand that to be considered as a formal applicant, the position for which I am applying must be specifically identified as open, and recruitment for the position going on at the time this application is received by the Human Resources Department. Further, I understand that I have the right to review and respond to any information obtained by the COUNTY pursuant to this release and that I must make a written request to review and/or respond to this information.

I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) satisfactorily passing criminal background and reference checks, and (3) complying with the COUNTY’s pre-employment application procedures.

I hereby release THE COUNTY, Commission, and any other agents or agencies representing THE COUNTY from any damages of, or resulting from furnishing the information described above.

By signing my name and submitting this application to THE COUNTY, I acknowledge that I have read the certification and release for information and agree to abide by its terms.

Signature

Date



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

DUCHESNE COUNTY (referred to as “the COUNTY”) only employs those individuals authorized to work in the United States. This application is subject to the Certification and Agreement on page 4.

**Applicants selected for employment with the COUNTY may be required to pass a physical examination and pre-employment drug screen. Applicants will also be required to satisfactorily pass a criminal background check. Additional background checks may be required depending on the position.**

Information Regarding Social Security Number Disclosure

**\*Privacy Act Notice\*:** If you are hired, Section 6109 of the Internal Revenue Code requires you to give your valid social security number to persons who must file information returns with the IRS to report certain information such as earnings and payroll taxes. The COUNTY confidentially maintains your social security number for identification purposes and appropriate uses related to document matching and administering benefits. The COUNTY will provide information to the IRS, to any third party who provides this information to the IRS on behalf of the COUNTY and may provide this information to other agencies only if required to comply with federal or state laws.

The COUNTY is an equal opportunity employer and does not discriminate on the basis of race, color, gender, sexual orientation, gender identity (as defined in the Utah Antidiscrimination Act currently codified at 34A-5-101 et seq.) religion, age, national or ethnic origin, disability, marital status, veteran status, or any other classification prohibited by federal, state, or local law. The COUNTY adheres to and upholds the mandate set by the Utah Right to Work Law in that the right of persons to work for the COUNTY “shall not be denied or abridged on account of membership or non-membership in any labor union, labor organization or any other type of association.” The exercise of this right to work is “protected and maintained free from undue restraints and coercion.” (Utah Code Ann. §§ 34-34-1 to -17)

The COUNTY is a smoke-free environment and, as such, prohibits smoking in all facilities and COUNTY vehicles.

The COUNTY is a drug-free workplace.

This application is merely an application for employment and not an employment agreement and should not be construed as such. Additionally, the statements in the applications should not be construed to impose any contractual obligation on the COUNTY.

PO Box 346 ✦ 734 North Center Street ✦ Duchesne, Utah 84021  
435-738-1233 ✦ duchesne.utah.gov

PERSONAL INFORMATION

Are you legally eligible for employment in the United States? Yes No  
Proof will be required upon hire.

PLEASE PRINT AND COMPLETE APPLICATION IN FULL

Position(s) applied for:			Date of application
<div>Last NameFirst NameMiddle</div>			
Address			
<div>Street</div>		<div>City</div>	<div>State</div>
<div>Home Telephone</div>		<div>Work</div>	<div>Zip</div>
<div>Email</div>		<div>Other</div>	

Have you ever been employed by THE COUNTY? Yes No

If yes, from: to: Dept: Position:

Supervisor: Reason for Leaving:

If referred by a current employee, please list full name of employee:

List any names of any relatives actively employed by THE COUNTY:

Date Available: Full-Time Part-Time Temporary  
Desired Shift: Days Rotation

Should the position require on call status, would you be able to fulfill the request? Yes No

JOB SKILLS

Check all that apply: Computer Yes No MS Office Yes No Other:  
Beginner Intermediate Advanced

Additional skills pertinent to this position:

Professional licenses, registrations and certifications.				
Lic/Reg/Cert Type	License #	State	Expiration Date	Trade or professional organization membership

EDUCATION

Do you have a high school diploma or equivalent? Yes No  
Records are subject to verification.

EMPLOYMENT HISTORY

May we contact your previous employers? Yes No

1.	CURRENT Employer Name and Address			
	Supervisor's Name, Title & Phone Number	Dates Employed		Wage/Salary
		From	To	Final
	Position Title and Responsibilities # Hours per Week:			
If your employment records exist under another name, please specify			Reason for Leaving	
2.	Employer Name and Address			
	Supervisor's Name, Title & Phone Number	Dates Employed		Wage/Salary
		From	To	Final
	Position Title and Responsibilities # Hours per Week:			
If your employment records exist under another name, please specify			Reason for Leaving	
3.	Employer Name and Address			
	Supervisor's Name, Title & Phone Number	Dates Employed		Wage/Salary
		From	To	Final
	Position Title and Responsibilities # Hours per Week:			
If your employment records exist under another name, please specify			Reason for Leaving	
4.	Employer Name and Address			
	Supervisor's Name, Title & Phone Number	Dates Employed		Wage/Salary
		From	To	Final
	Position Title and Responsibilities # Hours per Week:			
If your employment records exist under another name, please specify			Reason for Leaving	
5.	Employer Name and Address			
	Supervisor's Name, Title & Phone Number	Dates Employed		Wage/Salary
		From	To	Final
	Position Title and Responsibilities # Hours per Week:			
If your employment records exist under another name, please specify			Reason for Leaving	